

## **Incident Report**

Print Date/Time: 06/05/2016 17:18

Login ID: ss0139 Lake Stevens Police Department

**ORI Number:** WA0311900

Incident: 2016-00010419

Incident Date/Time: 5/31/2016 2:11:00 PM

Location: 20TH ST SE / 83RD AVE SE

LAKE STEVENS WA 98258

**Phone Number:** (425) 772-6325

Report Required: No Prior Hazards: No LE Case Number:

Source: 911 Priority: 3 3

Incident Type:

Venue:

Status:

Collision

Lake Stevens

Nature of Call:

Unit/Personnel

Unit Personnel SS0132-Kilroy 19D2 19D3 SS0134-Lyons 19030 SS0101-Barnes SS0133-Heinemann 19R1

Person(s)

No. Role Name Address Sex DOB **Phone** Race Reporting Party STENSRUD, JASON 1 820 103RD DR (425) 931-0456 09/10/1988 Driver OSNESS, KAYLA ANN Female Lake Stevens WA 982589458 2 Driver STENSRUD, JASON 1813 88TH DR SE Unknown 08/09/1982 Male

LAKE STEVENS WA 98258

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

## **CAD Narrative**

05/31/2016: 14:13:17 SP0374 Narrative: PULLED TO SHOULDER, LR374

05/31/2016: 14:12:38 SP0374 Narrative: CC, JO, 2 VEH ACC, NON INJ, NON BLKING, BLK JEEP GRAND CHEROKEE VS RED

TOYOTA PC

(C)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1501071	7 27								
	INTERSTATE CITY STREET V FIRE RESULTED CASE # 2016-10419									
1 1	STATE ROUTE OTHER STOLEN LOCAL AGENCY CODING	$\overline{\Box}$								
2 1	COUNTY RD PRIVATE WAY PRIVATE WAY TOTAL # OF OBJECT 1	8 28								
<u></u>	VATION  M M D D Y Y Y Y TIME (2400) COUNTY# MILES  CITY#									
³	DATE OF COLLISION 05 - 31 - 2016 1412 31 S W OF W OF W 0664 3									
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.									
4a	DISTANCE OF (REFERENCE OR CROSS STREET)  8300  MILE POST   8300	6 29								
5	100 00 MILES N S E 83RD AVE SE									
	UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET VES NO D: 4259310456	6 30								
6 1	LAST NAME OSNESS FIRST NAME KAYLA MIDDLE INITIAL A									
	STREET NEW ADDRESS 820 103RD DR SE									
7	CITY LAKE STEVENS ST WA ZIP 982589458	2 31								
8	CDL RESTRICTIONS <b>B</b> ENDORSEMENTS									
9 1	DRIVER'S LICENSE # OSNESKA122OS STATE WA SEX F D.O.B. MMDDYYYY 09 _ 10 _ 1988									
10 1	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 CLASS 1	2 32								
11 3 5	LICENSE PLATE # ARU5710 STATE WA VIN# JTDKDTB36E1564341	$\mathbb{H}$								
12 3 5	TRAILER PLATE # STATE TRAILER PLATE # STATE									
13 2	VEH. YEAR 2014 MAKE TOYT MODEL PRIUS STYLE 4H VEHICLE TOWED YES NO TOWED BY  REGISTERED OWNER INFO. ADAM OSNESS II 820 103RD DR SE LAKE STEVENS WA 98258  VEHICLE NO. 1	3 33								
14 2	LABILITY INSURANCE V INSURANCE CO ALLSTATE 964 288 797  LABILITY INSURANCE V 1 POPULICY # 1 POPULICY # 2 POPULICY # 2 POPULICY # 3 POPU	3 34								
15 2	VEHICLE YES NO CITATION # CHARGE  CHAR	1 .								
16 2	UNIT 02 WOTCH PEDAL- PEDESTRIAN PHOPEHTY OWNER D: 4257726325	35								
	LAST NAME STENSRUD FIRST NAME JASON MIDDLE T INITIAL T	37								
17	STREET NEW ADDRESS 1813 88TH DR SE	38								
18	CITY LAKE STEVENS ST WA ZIP 982586635	39								
19	CDL RESTRICTIONS ENDORSEMENTS	40								
20	DRIVER'S LICENSE # STENSJT184NZ STATE WA SEX M D.O.B. MMDDYYYY 08 - 09 - 1982									
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES									
22	LICENSE PLATE # AWP6875 STATE WA VIN# 1C4RJFDJ6CC343487									
23	TRAILER PLATE # STATE TRAILER PLATE # STATE 1	41								
24	VEH. YEAR 2012 MAKE JEEP MODEL GRAND STYLE 4W VEHICLE TOWED YES NO TOWED BY  REGISTERED OWNER INFO. JASON STENSRUD 1813 88TH DR SE LAKE STEVENS WA 98258  VEHICLE TOWED BY  YES NO TOWED BY  YES	42								
	SHADE IN DAMAGED AREA  LIABILITY INSURANCE CO. COMMERCE WEST ACPA-001/157/102	-								
25	NEFFECT 8 POLICY # STANDING CITATION # CHARGE 9 TOP 10 BOTTOM 8 7 6									
26	OFFICER'S NAME (PRINT)         BADGE OR ID #         AGENCY WA0311900           J. BARNES         0101         WA0311900									
	PART A 3000-345-159 R (7/06)									





CORRECTION

REPORT NO.

E549980

CASE # 2016-10419

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)													
NAME (LAST, FIRST, MIDDLE													
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY				
PASSENGER	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET SE	INJURY CLASS		NATURE OF INJ	URIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)												
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		-		
PASSENGER [ ]	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT		MET SE	INJURY CLASS		NATURE OF INJ	URIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)												
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		_		
PASSENGER	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET	INJURY CLASS		NATURE OF INJ	URIES	
NARRATIVE													
J. BARNES	EIGEDIG CIGNIATURE		LINIT OF PICT	DET		6 10:05 AM	<u> </u>	DI AC	DE CIONED				
APPROVED BY	FICER'S SIGNATURE		UNIT OR DIST.	DEI	DATED	Т	DATE		DE SIGNED				
ROBERT MINER	0095						6/4	/2016	6 5:37:49 PM				
BADGE OR ID #	0101	ORI#	WA0311900			TIME POLICE D	DISPATCHED	2:13	3 PM	TIME P	OLICE ARRIVED	2:13 PM	

**REPORT NO.** E549980

CASE#

2016-10419

DATE AND TIME OF COLLISION 05/31/16 14:12

